



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2005 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/721,276-Conf. #5459
		Filing Date	November 26, 2003
		First Named Inventor	Shunji AOKI
		Examiner Name	K. L. Peng
		Art Unit	1712
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27	TOTAL AMOUNT OF PAYMENT (\$ 120.00) Attorney Docket No. 4710-0104P	

METHOD OF PAYMENT (check all that apply)					
<input checked="" type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order
<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____		
<input type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/>	Credit any overpayments		

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Small Entity		Small Entity		Small Entity			
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
	Utility	300	150	500	250	200	100	_____
	Design	200	100	100	50	130	65	_____
	Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____	
Provisional	200	100	0	0	0	0	_____	
2. EXCESS CLAIM FEES								
Fee Description								
Each claim over 20 (including Reissues)	Fee (\$)	Fee (\$)	50	25	_____			
Each independent claim over 3 (including Reissues)	Fee (\$)	Fee (\$)	200	100	_____			
Multiple dependent claims	Fee (\$)	Fee (\$)	360	180	_____			
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims				
_____	_____	_____	_____	Fee (\$)	Fee (\$)	_____		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____				
_____	_____	_____	_____	_____				
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	Fees Paid (\$)			
_____	- 100 = _____	/50 (round up to a whole number) x _____	_____	_____	_____			
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00								

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	32,868	Telephone (703) 205-8000
Name (Print/Type)	Andrew D. Meikle		Date April 26, 2006		